

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL092079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/27/2015
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NAME OF PROVIDER OR SUPPLIER SPRING ARBOR OF RALEIGH	STREET ADDRESS, CITY, STATE, ZIP CODE 1810 NEW HOPE ROAD RALEIGH, NC 27604
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C 000	Initial Comments This is a Report of a Biennial Construction Survey conducted by Greg Cates, Frank Strickland, and Chris Sluder on August 27, 2015 Based on information gathered from our files, the Facility was first licensed or submitted for licensure on or about October 14, 1999 for Eighty (80) residents, including Sixteen (16) Special Care Beds. An addition to the Special Care wing was completed on or about September 20, 2012 redistributing beds in the Special Care wing to new resident rooms, there were no changes to the number of beds. Based on this information, we are requiring the facility to meet the 1996 Minimum Standards and Regulations for Homes for the Aged and Disabled; the 2005 Rules for Adult care Home of Seven or More Beds; and the 1996 (Original Building) and 2009 (Addition/ Special Care) Editions of the North Carolina State Building Code, Section 419- Institutional Occupancy.	C 000	<p>CONSTRUCTION SECTION</p> <p>SEP 24 2015</p> <p>RECEIVED</p>	
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and	C 101		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Pamela J. Mayo</i>	TITLE <i>Exec Director</i>	(X6) DATE <i>9/23/15</i>
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C 101	<p>Continued From page 1</p> <p>Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;</p> <p>This Rule is not met as evidenced by:</p> <p>1- Based on observations, the facility failed to ensure that the building meets the NC State Building Code regarding Special Locking Arrangements on the facility's EXIT doors. This deficiency directly affects all residents, personnel, and visitors who may have to exit the Special Care wing in an emergency by delaying exiting of the facility in the event of an emergency.</p> <p>Findings include:</p> <p>a- There is no emergency release switch for the magnetic lock located within 3 feet of the EXIT door near Resident Room 319.</p> <p>b- At the corridor EXIT door leading back to the Assisted Living side of the facility, there are two separate keyed switches, neither of which are labeled. During testing of the emergency release keyed switches, two designated staff (described as in charge of evacuation in the event of an emergency) appeared unfamiliar with the system and attempted to unlock the incorrect keyed switch and were not familiar with which key to use.</p> <p>c- The master emergency release switch located at the nurse's station is protected by a locked cover and the only key that could be located was on the maintenance manager's person.</p> <p>2- Based on observations, the facility has failed to maintain lighting of the EXIT path from the building. This affects all occupants of the facility who may be required to EXIT the building in the event of an emergency.</p>	C 101	See attached	

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C 101	Continued From page 2 a- The overhead exterior lights at all EXIT porches do not illuminate. At the time of survey there was not a timer or photocell sensor located. 3- Based on observations, the facility has failed to maintain the fire safety evacuation plans to accurately reflect the footprint of the facility. Findings include: a- The evacuation plans throughout the facility do not show the addition to the Special Care Wing which was completed in 2012.	C 101	See attached	
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain the building free of hazards. Findings include: a- There are oxygen bottles being stored in Resident Room 108 that are unsupported and could fall over, damaging the cylinder or nozzle. 2- Based on observation, the facility has failed to keep the building and its environment clean and	C 166		

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C 166	<p>Continued From page 3</p> <p>maintained.</p> <p>Findings include:</p> <p>a- There is a pattern exhibited where the HVAC returns throughout the facility have a large amount of dust and lint accumulated on the grill vents and radiation dampers.</p> <p>b- There is a pattern exhibited where the exhaust fans in most locations have a large amount of dust and lint accumulated on the grill vents and radiation dampers.</p> <p>3- Based on observation, the facility has failed to keep the building and its environment clean and maintained.</p> <p>Findings include:</p> <p>a- The HVAC return grill in the Kitchen is coated in grease and dust.</p> <p>b- In the Spa, the wallcovering is peeling in one area.</p> <p>c- In Resident Room 107, the wall is scraped and bare drywall is exposed.</p> <p>d- In the Dining Room, the wall above the chair rail is scraped and bare drywall is exposed.</p>	C 166	<p>see attached</p> <p>see attached</p>	
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT</p> <p>10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e)</p>	C 189		

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C 189	<p>Continued From page 4</p> <p>which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1- Based on observations, the facility failed to ensure that the building is safe by not maintaining the fire resistance of building components. This deficiency directly affect all residents, personnel, and visitors by allowing the possible spread of smoke beyond the compartment of origin.</p> <p>Findings on include:</p> <p>a- The one-hour smoke resistant walls in the attic are not sealed due to penetrations or damage to the construction system. Locations include but are not limited to:</p> <ul style="list-style-type: none"> 1- Penetrations by Cable wiring near Resident Room 102 2- Drywall joint damage near Resident Room 207 <p>2- Based on observations, fire safety systems are not maintained safe and operating. These deficiencies may affect residents, staff, or visitors who live, work, or visit the facility.</p> <p>Findings include:</p> <p>a- The emergency light located in the Main Electrical Room does not illuminate on battery power.</p> <p>3- Based on observations, the facility has failed to maintain the building electrical system safe and operating.</p> <p>Findings include:</p> <p>a- The GFCI receptacle located outside the EXIT door on the 100 Hall will not trip or reset.</p>	C 189	<p>see attached</p> <p>see attached</p>	

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C 189	Continued From page 5 b- The light switch cover plate in the bathroom of Resident Room 217 is cracked, has a sharp edge, and the wiring is potentially exposed. 4- Based on observations, the facility has not maintained the plumbing system safe and operating. Findings include: a- The hair wash sink in the Beauty Parlor is not equipped with an anti-siphon device. b- The commode tank cover in the Special Care Bathroom beside the Laundry is missing.	C 189	See attached	
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1- Based on observations and testing, the facility has failed to maintain the mechanical exhaust systems in working condition.	C 199		

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C 199	Continued From page 6 Findings include: a- A pattern exists where the exhaust fans are not operating. Areas to include but not limited to: 1- Janitor 's Closet beside the Café. 2- Resident Room 217 3- Resident Room 207 4- Resident Room 209 5- Staff Lounge Bathroom	C 199	See attached	

Spring Arbor of Raleigh, Plan of Correction
 HA Biennial Survey 08/27/15
 FID# 990961, HAL 092079

Regulation #	Tag #	Response/Plan of Correction	Completed Date
Section .0300-Physical Plant 10A NCAC 13F .0301 Physical Plant Requirements	C-101	a. Emergency release is and has been located by room 316. It was behind a residents memory box, which has been re-located.	Completed: 8/27/2015
		b. Separate Key Switches were labeled. Staff has been in-serviced. (One key pad is to silence alarms and the other key pad is for emergency exit.) Keys are accessible to staff on SIC & CCC Manager key chain .	Completed: 8/28/15
		c. Master emergency release in Nurses station: Keys have been placed on SIC and CCC key chain and in-serviced staff Ongoing training with new staff by ED and CCC during New Hire Orientation & documented on Check off Form.	Completed 8/28/15
2. a. Failed to maintain lighting of the Exit path in the event of an emergency	C-101	All exit lights have been checked and bulbs replaced. Will check exit lights weekly by Maintenance director and documented in Log book	Completed 8/27/15
3. a. Failed to Maintain fire evacuation plan to accurately reflect the footprint of the facility	C-101	All evacuation plans have been changed and reflect new plan with SCU footprint Monitor weekly to make sure they have not been moved and still in place by Maintenance Director.	Completed 9/1/15
Section .033- Physical Plant 10A NCAC 13F .0306 Housekeeping and Furnishings	C-166		
1.a. Oxygen Bottles in 108 that are unsupported and could fall over		O2 Bottles have appropriate support in Room 108;	Completed 8/30/15

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Paul J. Mayo
9/23/15

Spring Arbor of Raleigh, Plan of Correction
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		currently in stand. Any new residents that come in with O2, RCC and Lead SIC will make sure appropriate holders are in place & document in chart.	
2.a. HVAC returns have dust and lint accumulated on grill and vents b. Exhaust fans dirty	C-166	All have been checked and cleaned throughout building. All vents to be checked weekly by Housekeeping and Maintenance. Document on Hk check- list.	Completed 9/23/15
3.a. Kitchen HVAC return grill dirty		All have been checked and cleaned throughout building. Check all vents weekly by Food Service Director added to cleaning schedule to document.	Completed: 8/27/15
b. Spa wallpaper is coming down		Wall paper has been repaired.	Completed 9/4/15
c. 107 drywall exposed		Repaired. Housekeeping will check rooms weekly and document in Maintenance Log any that needs repairs.	Completed 9/1/15
d. Dining room drywall exposed		Repaired by Maintenance Team and document in Log if repaired. Check weekly of any scrubbing off walls and repair as needed.	Completed 9/1/15
SECTION: .0300- Physical Plant 10A NCAC 13F .0311 Other requirements	C189	1. a. 1, 2 Areas sealed. Maintenance will monitor and make sure all areas are up to code. Checked Monthly and document in log book to fix and date taken care of	Completed 9/4/15
		2. a. Emergency light battery has been replaced. Bi-Weekly checks on all emergency lights to make sure they are working properly. Maintenance Team will monitor and document in Maintenance Log.	Completed 8/28/15
		3.a. GFCI receptacle replaced.	Completed

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Pamela J. Mayo
9/23/15

Spring Arbor of Raleigh, Plan of Correction
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		Monthly check of all GFCI outlets to make sure working properly. Maintenance Team will monitor and document in Maintenance Log.	9/22/15
		b. Switch plate cover plate replaced. Will have Housekeeping check when in resident rooms and notify Maintenance of any repairs needed by service ticket. They will check when cleaning rooms weekly.	Completed 9/1/15
		4.a. Hair wash sink has anti-siphon device in place.	Completed 8/28/15
		b. Commode tank cover is back on toilet.	Completed 8/27/15
SECTION .0300-Physical Plant 10A NCAC 13F .0311 OTHER REQUIREMENTS	C199	1. A. Exhaust fans in these areas have been repaired: Janitors Closet, Resident Room 217, Resident Room 207, Resident Room 209, Staff Lounge Bathroom. Have housekeeping assist in checking when cleaning and notify Maintenance of any not working. Checking when cleaning rooms by Housekeeping daily.	Completed 9/23/15

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Panela meets
9/23/14